



Audits – Bay & Central Region
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February 7, 2008

Nancy Antoon, LCSW
Director
Trinity County Behavioral Health Services
1450 Main Street
Weaverville, CA 96093

Dear Ms. Antoon:

AUDIT REPORT – TRINITY COUNTY BEHAVIORAL HEALTH SERVICES

We have conducted a desk examination of the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Trinity County Behavioral Health Services for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and was limited to a review of SD/MC units, Mode Costs, Utilization Review Costs and Administrative costs.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.


The effect of this revised allowable program costs is as follows:

	<u>Net Program Costs</u>		
	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 546,372	\$ 542,090	\$ (4,282)
Federal Share of Healthy Families/Medi-Cal	\$ 2,381	\$ 1,215	\$ (1,166)
State General Funds EPSDT Due State	\$ 89,617	\$ 87,790	\$ (1,826)

Nancy Antoon, LCSW, Director
February 7, 2008
Page 2

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vickie Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,


WALTER J. HILL, JR., MBA, EA
Chief of Audits


MABEL GILTNER, Supervisor
Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL

TRINITY COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2003

		As Settled	Audit Adjustments	As Audited
<u>NET REIMBURSABLE MEDI-CAL PROGRAM COSTS</u>				
COUNTY - FFP				
MEDI-CAL - FFP	(Sch. 2a)	\$ 495,650	\$ 20	\$ 495,670
HEALTHY FAMILIES - FFP	(Sch. 2a)	2,381	(1,166)	1,215
TOTAL FFP - COUNTY PROVIDER		<u>\$ 498,031</u>	<u>\$ (1,146)</u>	<u>\$ 496,885</u>
CONTRACT PROVIDERS - FFP				
MEDI-CAL - FFP	(Sch. 3b)	\$ 50,722	\$ (4,302)	\$ 46,420
HEALTHY FAMILIES - FFP	(Sch. 3b)	0	0	0
TOTAL FFP - CONTRACT PROVIDER		<u>\$ 50,722</u>	<u>\$ (4,302)</u>	<u>\$ 46,420</u>
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS				
MEDI-CAL - FFP		\$ 546,372	\$ (4,282)	\$ 542,090
HEALTHY FAMILIES - FFP		2,381	(1,166)	1,215
TOTAL FFP - CONTRACT PROVIDER		<u>\$ 548,753</u>	<u>\$ (5,448)</u>	<u>\$ 543,305</u>
<u>SUMMARY OF STATE GENERAL FUNDS</u>				
EPSDT - SGF	(Sch. 4)	<u>\$ 89,617</u>	<u>\$ (1,826)</u>	<u>\$ 87,790</u>

TRINITY COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL

		Audit		
		As Settled	Adjustments	As Audited
Total Medi-Cal Gross Reimbursement				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	693,230	(3,604)	689,626
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	0	0	0
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	3,329	(1,630)	1,699
9. Total		<u>\$ 696,559</u>	<u>\$ (5,235)</u>	<u>\$ 691,324</u>
Less: Patient & Other Payor Revenues				
10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	0	0	0
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
Medi-Cal Net Reimbursement for Direct Services				
19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	693,230	(3,604)	689,626
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	3,329	(1,630)	1,699
25. Total		<u>\$ 696,559</u>	<u>\$ (5,235)</u>	<u>\$ 691,324</u>
Medi-Cal MAA Reimbursement				
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	0	0	0
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	0	0	0
29. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

TRINITY COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL		Audit		
		As Settled	Adjustments	As Audited
<u>Amount Negotiated Rates Exceed Cost</u>				
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Medi-Cal Administrative Reimbursement</u>				
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 120,918	\$ (1,970)	\$ 118,948
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 185,814	\$ (7,225)	\$ 178,589
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 120,918</u>	<u>\$ (1,970)</u>	<u>\$ 118,948</u>
<u>Healthy Families Administrative Reimbursement</u>				
40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 333	\$ (163)	\$ 170
41. Healthy Families Administration	(MH1979, Ln 9)	\$ 903	\$ (463)	\$ 440
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 333</u>	<u>\$ (163)</u>	<u>\$ 170</u>
<u>Utilization Review Reimbursement</u>				
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ 100,456	\$ 4,842	\$ 105,298
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	<u>\$ 823</u>	<u>\$ 40</u>	<u>\$ 863</u>
<u>Net SD/MC Reimbursement - FFP</u>				
45. Direct Services	(MH1979, Ln 16,16A)	\$ 359,437	\$ (2,646)	\$ 356,791
46. Enhanced (Children)	(MH1979, Ln 17,17A)	0	0	0
47. Enhanced (Refugees)	(MH1979, Ln 18)	0	0	0
48. MAA	(MH 1979, Ln 11, 12 & 13)	0	0	0
49. Administrative Reimbursement	(MH1979, Ln 6)	60,459	(985)	59,474
50. U.R. Skilled Professional	(MH1979, Ln 14)	75,342	3,632	78,974
51. U.R. Other	(MH1979, Ln 15)	412	20	432
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 495,650</u>	<u>\$ 20</u>	<u>\$ 495,670</u>
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj #)	0	0	0
56. Total SD/MC Reimbursement - FFP		<u>\$ 495,650</u>	<u>\$ 20</u>	<u>\$ 495,670</u>
<u>Net Healthy Families Reimbursement - FFP</u>				
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 2,164	\$ (1,060)	\$ 1,104
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	217	(106)	111
60. Total Healthy Families Reimbursement - FFP		<u>\$ 2,381</u>	<u>\$ (1,166)</u>	<u>\$ 1,215</u>
61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 498,031</u>	<u>\$ (1,146)</u>	<u>\$ 496,885</u>
				(To Sch. 1)

Legal Entity Number	Legal Entity	(1)		(2)			(3)			(4)			(5)		(6)		(7)			(8)			(9)			(10)		
		Regular M/Cal and EPSDT Gross Cost		EPSTD Enhanced - Children		Enhanced - Refugees		Total Gross Cost (Excl. HFP)			Healthy Families		Regular M/Cal and EPSDT Gross Cost		EPSTD Enhanced - Children		Enhanced - Refugees		Total Gross Cost (Excl. HFP)			Healthy Families						
				I	N	P	A	T	I	E	N	T			O	U	T	P	A	T	I	E	N	T				
		(MH 1968, Ln 5, 5A, 10,10A)		(MH 1968, Ln 16, 16A)		(MH 1968, Ln 22)		(Col. 1 to 3)		(MH 1968, Ln 27, 27A)		(MH 1968, Ln 5, 5A, 10,10A)		(MH 1968, Ln 16, 16A)		(MH 1968, Ln 22)		(Col. 6 to 8)		(MH 1968, Ln 27, 27A)								
00004	BUTTE COUNTY	\$	0	\$		0	\$		0	\$		0	\$		0	\$		0	\$		0	\$		0				
00529	WILLOW GLENN	\$	0	\$		0	\$		0	\$		0	\$		37,455	\$		0	\$		37,455	\$		0				
00718	HUMAN RESPONSE NETWORK	\$	0	\$		0	\$		0	\$		0	\$		3,737	\$		0	\$		3,737	\$		0				
00922	ROSEWOOD CARE CENTER	\$	0	\$		0	\$		0	\$		0	\$		8,635	\$		0	\$		8,635	\$		0				
00484	NORTH VALLEY SCHOOLS, INC.	\$	0	\$		0	\$		0	\$		40,368	\$		0	\$		0	\$		40,368	\$		0				
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[illegible]

GRAND TOTAL

(To Sch. 1)

TRINITY COUNTY
COMMUNITY MENTAL HEALTH SERVICES
COMPUTATION OF EPSDT STATE SHARE PER AUDIT
FISCAL YEAR ENDED JUNE 30, 2003

	As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	792,957	(13,136)	779,821
(2) Total SD/MC Claims	889,670	0	889,670
(3) Percent % (Line 1/Line 2)	89.13%	-1.48%	87.65%
(4) EPSDT Claims	254,565	0	254,565
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	226,894	(3,761)	223,133
(6) Cost Settled Baseline for EPSDT	42,346	0	42,346
(7) Net Cost Settlement Amount (Line 5 - Line 6)	184,548	(3,761)	180,787
(8) 48.56% of Net Cost Settlement Amount (Line 7 x 48.56%)	89,617	(1,827)	87,790
(8a) FY 2001-02 EPSDT settlement	206,461	(8,570)	197,891
(8b) Annual Local Growth (L. 8 - 8a)	0	0	0
(9) County Match 10% of Local Growth (8b x 10%)	0	0	0
(10) Net cost settlement amount (L. 8 - 9)	89,617	(1,826)	87,790
(11) SGF Distribution (Settled and Audited)	89,617	0	89,617
(12) SGF Due (State)	0	(1,826)	(1,826)
			(To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY2002-2003, includes increase for FFS/MC provider rate increase.
- (7) Settlement amount prior to 10% match calculation (8)-(9)
- (11) SGF gross distribution (See DMH letter dated October 23, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (12) Amount owed back to the state cannot be more than was advanced or settled.

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
TRINITY CO. BEHAVIORAL HEALTH				00004	22	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
1	MH 1960	9	C	SD/MC ADMINISTRATION	\$ 185,814	\$ (7,225)	\$ 178,589
2	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	903	(463)	440
3	MH 1960	11	C	NON SD/MC ADMINISTRATION	120,266	7,688	127,954
Info	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	<u>\$ 306,983</u>		<u>\$ 306,983</u>
				To allocate Total administrative Costs based on the audited gross cost method percentages of 58.18% for SD/MC, 0.14% of HFP, and 41.68% for Non-SD/MC Administration.			
4	MH 1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL	\$ 100,456	\$ 4,842	\$ 105,298
5	MH 1960	14	C	OTHER SD/MC UTILIZATION REVIEW	823	40	863
6	MH 1960	15	C	NON-SD/MC UTILIZATION REVIEW	65,234	(4,882)	60,352
Info	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS	<u>\$ 166,513</u>		<u>\$ 166,513</u>
				To allocate Total Utilization Review Costs (UR) based on the audited gross cost method percentaged of 63.24% of Skilled Professional Medical Personnel and 0.52% of Other SD/MC Utilization Review, and 36.24 % of No-SD/MC Utilization Review.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
TRINITY CO. BEHAVIORAL HEALTH				00004	22	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u>			
				<u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
7	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	80,847	3,222	84,069 *
8	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	248,444	(8,531)	239,913 *
	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02	0	0	0 *
9	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03	0	3,709	3,709 *
10	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02	0	630	630 *
11	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03	0	1,685	1,685 *
	MH 1966A	10B	Total	ENHANCED - REFUGEES UNITS - 07/01/02 to 06/30/03	0	0	0 *
	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02	0	0	0 *
12	MH 1966A	11A	Total	HEALTHY FAMILIES - 10/01/02 to 06/30/03	1,460	(715)	745 *
Info			Info	TOTAL UNITS	330,751	0	330,751
				To adjust the as settled (MH 1966A) SD/MC units of service/time for the county operated facilities to agree with the State DMH Approved Claims Report dated February 20, 2007. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.			
	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 84,069	0	84,069
	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 239,913	0	239,913
	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02	** -	0	0
	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 3,709	0	3,709
13	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02	** 630	(630)	0
14	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03	** 1,685	(1,685)	0
	MH 1966A	10B	Total	ENHANCED - REFUGEES UNITS - 07/01/02 to 06/30/03	** -	0	0
	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02	** -	0	0
	MH 1966A	11A	Total	HEALTHY FAMILIES - 10/01/02 to 06/30/03	** 745	0	745
			Info	TOTAL UNITS	330,751	(2,315)	328,436
				To adjust SD/MC units to incorporate the controls of the lower of the Cost Report filed or the State DMH Approved Claims Report. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the county. See the MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
TRINITY CO. BEHAVIORAL HEALTH				00004	22	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u> <u>CONTRACT PROVIDERS</u>			
15	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	1,164	88	1,252
16	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	3,990	(231)	3,759
17	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03	0	122	122
Info				TOTAL UNITS	<u>5,154</u>	<u>(21)</u>	<u>5,133</u>
				To adjust the as settled (MH 1966A) SD/MC units of service/time for the County's contract providers to agree with the State DMH Approved Claims Report dated February 20, 2007. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.			
				</			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
TRINITY CO. BEHAVIORAL HEALTH				00004	22	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u>			
18	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMB To adjust reported Contract Provider Direct Medi-Cal Gross Reimbursement as a result of adjustments to the contract providers SD/MC units of service/time.	112,890	(9,531)	103,359
19	MH 1979	23	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY	\$ 495,650	\$ 20	\$ 495,670
20	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP) - COUNTY	2,381	(1,166)	1,215
			Info	TOTAL REIMBURSEMENT - COUNTY	\$ 498,031	\$ (1,146)	\$ 496,885
				To adjust Total SD/MC Reimbursement (FFP) due to costs and units of service/time adjustments.			
21	Sch. 3b	Total	24	TOTAL SD/MC REIMBURSEMENT (FFP) - CONTRACT PROVIDERS	50,722	(4,302)	46,420
	Sch. 3b	Total	25	TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP) - CONTRACT PROVIDERS	0	0	0
			Info	TOTAL REIMBURSEMENT - CONTRACT PROVIDERS	50,722	(4,302)	46,420
				To adjust Total SD/MC Reimbursement (FFP) due to the adjustments to reported costs and units.			
				<u>ADJUSTMENTS TO REPORTED EPSDT STATE GENERAL FUND SETTLEMENT</u>			
22	Sch. 4	8	3	TOTAL EPSDT - SGF To adjust the State General Fund share of EPSDT as a result of adjustments to SD/MC reimbursements as reflected on Lines 16, 16A, 17, 17A, and 18, Column C of the form MH 1979 of the audited County and contract provider cost reports.	\$ 89,617	\$ (1,826)	\$ 87,790
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

**TRINITY COUNTY
BEHAVIORAL HEALTH SERVICES
SHORT-DOYLE/MEDI-CAL PROGRAM
FINDINGS AND RECOMMENDATIONS
FOR FISCAL YEAR ENDED JUNE, 2003**

FINDING 1 – RETENTION AND MAINTENANCE OF RECORDS

During the audit process, we experienced difficulty in gathering copies of supporting documentation and/or source documents that the County used to prepare the cost report. The County provided no working papers for this fiscal year.

AUDIT AUTHORITY:

Title 9, California Code of Regulations, Section 640

RECOMMENDATION:

Regulations require consistent maintenance of adequate and accurate accounting records. The County must keep adequate financial records and statistical data to support year-end documents filed with the Department of Mental Health. These records include, but are not limited to, all ledgers, books, vouchers, time sheets, payrolls, appointment schedules, client data charts, and schedules for allocating costs. Accounting records and supporting documents must be retained for four years after the closing of the fiscal year or until such time as the audit has been settled for the fiscal year.

Additionally, the nature of working papers require that proper control and adequate safeguards be maintained at all times. We strongly recommend the County to establish an archives policy that states the types of working paper, locations, retention period, access authorities, etc. We recommend that the County ensure all financial and statistical records utilized in the preparation of the SD/MC cost report be properly retained and be readily available for its internal and external review / reports purpose.

AUDITEE'S RESPONSE:

As we expressed to DMH at the time of our exit conference on 1/17/08, we have no record of having received any requests for supporting or source documents and do not know to what the finding refers. We are compliant with all retention schedules and have multitudes of files to document all of activities. If we understood what was requested, we would certainly have been happy to provide it in a timely manner. We believe that this finding should not be applied to this audit.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS
MH 1960 (10/04)

Fiscal Year 2002-2003

County: TRINITY COUNTY
County Code: 53

Legal Entity: TRINITY CO. BEHAVIORAL HEALTH		A	B	C
Legal Entity Number: 00004		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	924,489	1,049,776	1,974,265
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(307,738)	(307,738)
4	Other Adjustments (Provide Detail)			
5	Total Costs Before Medi-Cal Adjustments	924,489	742,038	1,666,527
6	Medi-Cal Adjustments from MH 1961			
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			1,666,527
	Administrative Costs (County Only)			
9	SD/MC Administration			178,589
10	Healthy Families Administration			440
11	Non-SD/MC Administration			127,954
12	Total Administrative Costs			306,983
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			105,298
14	Other SD/MC Utilization Review			863
15	Non-SD/MC Utilization Review			60,352
16	Total Utilization Review Costs			166,513
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			1,193,031
19	Total Costs - Lines 9 through 18			1,666,527

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: TRINITY COUNTY
County Code: 53

Legal Entity: TRINITY CO. BEHAVIORAL HEALTH		A	B	C
Legal Entity Number: 00004		Salaries and Benefits	Other	Total Adjustments
1	EQUIPMENT DEPRECIATION			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO MODES OF SERVICE
MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: TRINITY COUNTY
County Code: 53

Legal Entity: TRINITY CO. BEHAVIORAL HEALTH		A
Legal Entity Number: 00004		Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	1,193,031
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	1,091,302
6	Outreach Services (Mode 45)	74,189
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	27,540
9	Total - Lines 2 through 8	1,193,031

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: TRINITY COUNTY			CR		CR		CR		CR	
County Code: 53										
Legal Entity: TRINITY CO. BEHAVIORAL HEALTH			A	B	C	D	E	F	G	
Legal Entity Number: 00004			Mode Total	Service	Service	Service	Service	Service	Service	
Mode: 15 - Outpatient (Program 1)				Function	Function	Function	Function	Function	Function	
			01	40	60	61	70			
1	Allocation Percentage		100.00%	30.03%	54.04%	0.53%	6.99%	8.42%		
2	Total Units			183,455	256,303	1,320	25,201	26,705		
3	Gross Cost		1,088,037	326,689	587,922	5,800	76,008	91,617		
4	Cost per Unit			1.78	2.29	4.39	3.02	3.43		
5	SMA per Unit			1.77	2.28	4.23	4.23	3.41		
6	Published Charge per Unit			1.77	2.28	4.23	4.23	3.41		
7	Negotiated Rate / Cost per Unit									
8	Medi-Cal Units	07/01/02 - 09/30/02		39,320	41,539			3,210		
8A		10/01/02 - 06/30/03		110,155	117,965	1,110		9,888		
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02								
9A		10/01/02 - 06/30/03			3,264	210		235		
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02								
10A		10/01/02 - 06/30/03								
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03								
11		07/01/02 - 09/30/02								
11A	Healthy Families (SED) Units	10/01/02 - 06/30/03			745					
12										
12	Non-Medi-Cal Units			33,980	92,790		25,201	13,372		
13	Medi-Cal Costs	07/01/02 - 09/30/02	176,317	70,019	95,285			11,013		
13A		10/01/02 - 06/30/03	505,555	196,160	270,595	4,877		33,923		
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	175,251	69,596	94,709			10,946		
14A		10/01/02 - 06/30/03	502,348	194,974	268,960	4,695		33,718		
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	175,251	69,596	94,709			10,946		
15A		10/01/02 - 06/30/03	502,348	194,974	268,960	4,695		33,718		
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02								
16A		10/01/02 - 06/30/03								
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02								
17A		10/01/02 - 06/30/03	9,216		7,487	923		806		
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02								
18A		10/01/02 - 06/30/03	9,132		7,442	888		801		
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02								
19A		10/01/02 - 06/30/03	9,132		7,442	888		801		
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02								
20A		10/01/02 - 06/30/03								
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02								
21A		10/01/02 - 06/30/03								
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02								
22A		10/01/02 - 06/30/03								
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02								
23A		10/01/02 - 06/30/03								
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02								
24A		10/01/02 - 06/30/03								
25	Enhanced SD/MC (Refugees) Costs		07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits		07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges		07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates		07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02								
29A		10/01/02 - 06/30/03	1,709		1,709					
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02								
30A		10/01/02 - 06/30/03	1,699		1,699					
31	Healthy Families Published Charges	07/01/02 - 09/30/02								
31A		10/01/02 - 06/30/03	1,699		1,699					
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02								
32A		10/01/02 - 06/30/03								
33	Non-Medi-Cal Costs		395,241	60,510	212,847	(0)	76,008	45,875		

County: TRINITY COUNTY		MHS		MHS				
County Code: 53								
Legal Entity: TRINITY CO. BEHAVIORAL HEALTH		A	B	C	D	E	F	G
Legal Entity Number: 00004			Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)		Mode Total	Function	Function	Function	Function	Function	Function
			30	60				
1	Allocation Percentage	100.00%	10.11%	89.89%				
2	Total Units		600	575				
3	Gross Cost	3,265	330	2,935				
4	Cost per Unit		0.55	5.10				
5	SMA per Unit		2.28	4.23				
6	Published Charge per Unit							
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/02 - 09/30/02						
8A		10/01/02 - 06/30/03	240	555				
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02						
9A		10/01/02 - 06/30/03						
10	Enhanced SD/MC Units	07/01/02 - 09/30/02						
10A		10/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02						
11A		10/01/02 - 06/30/03						
12	Non-Medi-Cal Units		360	20				
13	Medi-Cal Costs	07/01/02 - 09/30/02						
13A		10/01/02 - 06/30/03	2,965	132	2,833			
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02						
14A		10/01/02 - 06/30/03	2,895	547	2,348			
15	Medi-Cal Published Charges	07/01/02 - 09/30/02						
15A		10/01/02 - 06/30/03						
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02						
16A		10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02						
17A		10/01/02 - 06/30/03						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02						
18A		10/01/02 - 06/30/03						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02						
19A		10/01/02 - 06/30/03						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						
20A		10/01/02 - 06/30/03						
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02						
21A		10/01/02 - 06/30/03						
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02						
22A		10/01/02 - 06/30/03						
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02						
23A		10/01/02 - 06/30/03						
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02						
24A		10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02						
29A		10/01/02 - 06/30/03						
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02						
30A		10/01/02 - 06/30/03						
31	Healthy Families Published Charges	07/01/02 - 09/30/02						
31A		10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						
32A		10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs		300	198	102			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: TRINITY COUNTY
County Code: 53

			CR	CR	CR			
Legal Entity: TRINITY CO. BEHAVIORAL HEALTH		A	B	C	D	E	F	G
Legal Entity Number: 00004			Service	Service	Service	Service	Service	Service
Mode: 45 - Outreach		Mode Total	Function	Function	Function	Function	Function	Function
			20	21	22			
1	Allocation Percentage	100.00%	44.60%	30.13%	25.27%			
2	Total Units		873	279	208			
3	Gross Cost	74,189	33,089	22,350	18,750			
4	Cost per Unit		37.90	80.11	90.14			
5	Non-Medi-Cal Units		873	279	208			
6	Non-Medi-Cal Costs	74,189	33,089	22,350	18,750			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

County: TRINITY COUNTY		CR		CR	CR			
County Code: 53								
Legal Entity: TRINITY CO. BEHAVIORAL HEALTH		A	B	C	D	E	F	G
Legal Entity Number: 00004		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 60 - Support			30	40	41			
1	Allocation Percentage	100.00%	20.19%	28.25%	51.56%			
2	Total Units		185	158	360			
3	Gross Cost	27,540	5,561	7,779	14,200			
4	Cost per Unit		30.06	49.23	39.44			
5	Non-Medi-Cal Units (Same as Line 2)		185	158	360			
6	Non-Medi-Cal Costs (Same as Line 3)	27,540	5,561	7,779	14,200			

Fiscal Year 2002-2003

County Code: 53			REIMBURSEMENT TYPE				PC	PC			SMA	K	
Legal Entity: TRINITY CO. BEHAVIORAL HEALTH			A	B	C	D	E	F	G	H	I	J	K
Legal Entity Number: 00004			Mode 55 S. F.'s 01-09 31-39 S. F.'s 21-29 Total MAA				Total Inpatient Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col. I + Col. J)
1	Medi-Cal Costs	07/01/02 - 09/30/02									176,317	176,317	176,317
1A		10/01/02 - 06/30/03								505,555	505,555	2,965	508,519
2	Medi-Cal SMA	07/01/02 - 09/30/02									175,251	175,251	175,251
2A		10/01/02 - 06/30/03								502,348	502,348	2,895	505,243
3	Medi-Cal P. C	07/01/02 - 09/30/02									175,251	175,251	175,251
3A		10/01/02 - 06/30/03								502,348	502,348		502,348
4	Medi-Cal N. R.	07/01/02 - 09/30/02											
4A		10/01/02 - 06/30/03											
5	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02								175,251	175,251		175,251
5A		10/01/02 - 06/30/03								502,348	502,348	2,895	505,243
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02											
6A		10/01/02 - 06/30/03								9,216	9,216		9,216
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02											
7A		10/01/02 - 06/30/03								9,132	9,132		9,132
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02											
8A		10/01/02 - 06/30/03								9,132	9,132		9,132
9	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02											
9A		10/01/02 - 06/30/03											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02											
10A		10/01/02 - 06/30/03								9,132	9,132		9,132
11	Total SD/MC + Crossover Gross Reim	07/01/02 - 09/30/02								175,251	175,251		175,251
11A		10/01/02 - 06/30/03								511,480	511,480	2,895	514,374
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02											
12A		10/01/02 - 06/30/03											
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02											
13A		10/01/02 - 06/30/03											
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02											
14A		10/01/02 - 06/30/03											
15	Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02											
15A		10/01/02 - 06/30/03											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02											
16A		10/01/02 - 06/30/03											
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03											
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03											
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03											
20	Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03											
21	Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02								175,251	175,251		175,251
21A	(Excludes Refugees)	10/01/02 - 06/30/03								511,480	511,480	2,895	514,374
22	Enhanced SD/MC (Refugees) Gross Reim	07/01/02 - 06/30/03											
23	Healthy Families Cost	07/01/02 - 09/30/02											
23A		10/01/02 - 06/30/03								1,709	1,709		1,709
24	Healthy Families SMA	07/01/02 - 09/30/02											
24A		10/01/02 - 06/30/03								1,699	1,699		1,699
25	Healthy Families P. C	07/01/02 - 09/30/02											
25A		10/01/02 - 06/30/03								1,699	1,699		1,699
26	Healthy Families N. R.	07/01/02 - 09/30/02											
26A		10/01/02 - 06/30/03											
27	Healthy Families Gross Reim	07/01/02 - 09/30/02											
27A		10/01/02 - 06/30/03								1,699	1,699		1,699
Less: Patient and Other Payor Revenues													
28	SD/MC + Crossover Revenues	07/01/02 - 09/30/02											
28A		10/01/02 - 06/30/03											
29	Enhanced SD/MC (Children) Revenues												
30	Enhanced SD/MC (Refugees) Revenues												
31	Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)												
33	Medi-Cal Eligibility Factor (Average)												
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02								175,251	175,251		175,251
35A		10/01/02 - 06/30/03								511,480	511,480	2,895	514,374
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/02 - 09/30/02											
37A		10/01/02 - 06/30/03								1,699	1,699		1,699
Amount Negotiated Rates Exceed Costs													
38	SD/MC (Includes Children)	07/01/02 - 09/30/02											
38A		10/01/02 - 06/30/03											
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/02 - 09/30/02											
40A		10/01/02 - 06/30/03											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP %
MH 1978 (10/04)

Fiscal Year 2002-2003

County: TRINITY COUNTY
County Code: 53

Legal Entity: TRINITY CO. BEHAVIORAL HEALTH

Legal Entity Number: 00004		A	B	C	D	E	F
Data Type		Net Direct Costs (Gross Reim. Costs - Revenue)		FFP Dollars		Effective FFP%	
Source		MH1970s		MH1970s		Calculated	
		Column N	Column Q	Column R	Column U		
Formula						(C6 / A6)	(D6 / B6)
Period		1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period
		07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03
	Mode						
1	05 - Hospital Inpatient (SFC 10-19)						
2	05 - Other 24 Hour Services (All Other SFC)						
3	10 - Day Services						
4	15 - Outpatient (Program 1)	175,251	511,480	90,079	265,240		
5	15 - Outpatient (Program 2)		2,895		1,471		
6	Totals	175,251	514,374	90,079	266,712		
7	Totals from MH1979	175,251	514,374	90,079	266,712		
8	Effective SD/MC FFP %					51.40%	51.85%

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (10/04)

Fiscal Year 2002-2003

County: TRINITY COUNTY County Code: 53						FFP % Source: MH1978 E8	FFP % Source: MH1978 F8				
Legal Entity: TRINITY CO. BEHAVIORAL HEALTH		A	B	C	D	E	F	G	H	I	J
Legal Entity Number: 00004		Total MAA	Total Inpatient	Total Outpatient	Total	50% FFP	51.40% FFP	51.85% FFP	Variable % FFP	75% FFP	Total FFP
	SD/MC Administrative Reimbursement (County Only)										
1	County SD/MC Direct Service Gross Reimbursement			689,626	689,626						
2	Contract Provider Medi-Cal Direct Service Gross Reimbursement		13,164	90,195	103,359						
3	Total Medi-Cal Direct Service Gross Reimbursement				792,985						
4	Medi-Cal Administrative Reimbursement Limit				118,948						
5	Medi-Cal Administration				178,589						
6	Medi-Cal Administrative Reimbursement				118,948	59,474					59,474
	Healthy Families Administrative Reimbursement (County Only)										
7	County Healthy Families Direct Service Gross Reimbursement			1,699	1,699						
8	Healthy Families Administrative Reimbursement Limit				170						
9	Healthy Families Administration				440						
10	Healthy Families Administrative Reimbursement				170				111		111
	SD/MC Net Reimbursement for MAA										
11	Medi-Cal Admin. Activities Svc Functions 01 - 09										
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39										
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)										
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)				105,298					78,974	78,974
15	Other SD/MC Utilization Review (County Only)				863	432					432
16	SD/MC Net Reimbursement for Direct Services	07/01/02 - 09/30/02		175,251	175,251		90,079				90,079
16A		10/01/02 - 06/30/03		514,374	514,374			266,712			266,712
17	Enhanced SD/MC Net Reimb. (Children)	07/01/02 - 09/30/02									
17A		10/01/02 - 06/30/03									
18	Enhanced SD/MC Net Reimb. (Refugees)										
19	Total SD/MC Reimbursement Before Excess FFP										495,670
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC										
21	Total SD/MC Reimbursement (FFP)										495,670
22	Contract Limitation Adjustment										
23	Adjusted Total SD/MC Reimbursement (FFP)										495,670
24	Healthy Families Net Reimbursement	07/01/02 - 09/30/02									
24A		10/01/02 - 06/30/03		1,699	1,699				1,104		1,104
25	Total Healthy Families Reimbursement Before Excess FFP										1,215
26	Amount Negotiated Rates Exceed Costs - Healthy Families										
27	Total Healthy Families Reimbursement										1,215